



CLIENT INFORMATION FORM

Welcome to my personal Life Coaching and Counselling Practice. I look forward to providing you with insightful and empowering services and going on this journey together with you. Please take a few minutes to fill out this form. The information will help me to better understand your situation as well as our potential avenues to pursue in helping you become the person you want to become, and overcome the issues you may have that may be preventing you from being your best/optimal version of yourself. Please note - this information is confidential, for my use only, and will not be released to anyone without your prior written consent.

Personal Information:

Client Name: _____ Date of Birth: _____ Age: _____

ID #: _____

Street Address: _____ Suburb: _____ City: _____
Postal Code: _____

Sex: ☐ Female ☐ Male Religious Affiliation (if any): _____

Home Phone _____ Is it okay to leave a message? ☐ Yes ☐ No

Work Phone _____ Is it okay to leave a message? ☐ Yes ☐ No

Cell Phone _____ Is it okay to leave a message? ☐ Yes ☐ No

Email Address: _____ May we e-mail you? ☐ Yes ☐ No

In an emergency, who do we call? Contact Name: _____

Contact Phone #: _____

Who is your GP? Doctor's Name: _____

Contact Phone #: _____

Employer: _____ Length of Employment: _____

Occupation: _____

Highest Level of Education Completed: _____

Social / Family Information:

Which best describes you? Choose all that apply: ☐ Never Married ☐ Married ☐ Separated
☐ Divorced ☐ Widowed ☐ Engaged ☐ Living Together ☐ Same-Sex Partners

If you are currently in a romantic relationship, for how long? _____. On a scale of 1 to 10 (with 10 being best), how would you rate your satisfaction with your current relationship? _____.

Do you have children? If so, please provide names and ages: _____

If you have listed children, with whom do they live? _____

Do you have any pets in the home? If so, what type? _____

List any other individuals living in your home (other than you and any children listed above): _____

Medical and Mental Health History / Information:

Are you currently being treated by a physician for any medical conditions? If so, please describe:

Are you currently taking prescription, over-the-counter or herbal medication? ____ No ____ Yes; Medication name/dose and for what purpose: _____

Have you ever seen a Psychiatrist or other mental health provider? ____ No ____ Yes;

If yes, when? _____

What was the focus of treatment? _____

Was it helpful? ____ Yes ____ No

Describe what you found useful and what, not: _____

PLEASE NOTE: *It is unethical for two different therapists to provide counselling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized multi-disciplinary team and therapy treatment plan. I do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this so that we can discuss next steps.*

Counselling Concerns:

What are the issues for which you are currently seeking assistance? Please be as specific as possible.

1. _____

2. _____

3. _____

4. _____

What have you previously tried/ done in order to resolve these issues (e.g. religious counselling, talking with family/friends/ other therapies/ Self help books) Has anything been helpful?

What are some of your coping strategies?

What do you consider to be your strengths?

Counselling Goals

Goals are very important in counselling. They provide us with a focus and direction that will help us to help you. Please list the goal(s) that you hope to address and achieve in counselling. Please be as specific as possible.

1. _____

2. _____

3. _____

4. _____

Risk Assessment

Is there any family history of mental illness or substance abuse? If so, please list relationship & diagnosis:

Please list family, friends, support groups and community groups which are helpful to you

List any personal history of emotional, physical, and/or sexual abuse:

Has a family member or close friend ever committed suicide? ___ No ___ Yes, (who) _____

Have you been having any thoughts of harming yourself or others?

___ Yes ___ No ___ Self ___ Other(s)

Are there any guns or weapons in your house (specify whose & what type) _____

Have you ever been involved in any significant legal actions, currently or in the past (e.g.: lawsuit, probation, parole)? If so, please state who and under what circumstances:

Alcohol / Substance Use Survey

On how many occasions do you have a drink containing alcohol?

___ Never ___ 1/month or less ___ 2-4/month ___ 2-4/week ___ more than 4/week

How many drinks containing alcohol do you consume on a typical day that you are drinking?

___ 1 or 2 ___ 3 or 4 ___ 5 or 6 ___ 7 to 9 ___ 10 or more

Do you use marijuana or other "street drugs"? (Remember, this information is confidential)

___ No ___ Yes; what type/quantity/frequency of use: _____

Do you have any other habits or addictive or destructive behaviours that you use/ misuse to alleviate stress or self-medicate? _____

Referral Source

How did you learn about my practice, who referred you?

Advertising (source): _____

Internet: _____ Social Media: _____

Medical/ specialist: _____ Professional: _____

Friend _____ Other _____

Thank you for taking the time to fill out this form.

Client Name (please print): _____

Client 1 signature: _____

Date: ____/____/____



Payment in advance, for 5 sessions have a 5% Discount:
and for 10 sessions, a 10% Discount



CLIENT COMMITMENT & CONFIDENTIALITY AGREEMENT

This Contract is made between:

COUNSELLOR: Dido Blagden **CLIENT:** _____
 at Johannesburg (Place) on the _____ (day) of _____ (Month)
 in 2025 (Year)

1) COMMITMENT:

This process involves your commitment, honesty and a desire to change. On my part, I pledge true helping intent throughout the coaching relationship. Life coaching sessions will provide you a safe time and space to explore your thoughts and feelings about your personal purpose and life vision. I am here, without judgement, to support you in this process and to help guide you on your journey as you take responsibility for becoming the person you aim to be.

2) CONFIDENTIALITY

Our work together will remain confidential. The exceptions being:

- i) If you provide me with information that appears to indicate a clear or imminent threat to your own life or health, or to anyone else's, I reserve the right to report that information to the relevant authorities responsible for ensuring safety. Before taking this course of action, I would discuss my intentions with you. I am compelled to disclose any knowledge of physical / sexual abuse; or neglect, of a child or an elderly person
- ii) Legally I must comply if I receive a legal subpoena or court order
- iii) While I attend regular professional supervision as part of my continuing professional development, please note that any information discussed with my mentor will maintain your anonymity.

3) SESSIONS

- i) We have agreed to meet for 60 minute sessions on _____ (day) at _____ (time).
This session is your time, and will not be given to anyone else even if you are on holiday.
- ii) If for any reason you have to cancel a session, please provide a minimum of 48 hours' notice (unless a verifiable emergency exists).
- iii) I reserve the right to charge for missed sessions without 48 hours notice. Same day cancellations will incur a R750 fee, and failure to attend a scheduled appointment without cancellation (a "no show") will incur the full R1100.00 per hour applied to your account. Please be punctual as I will not be able to extend your session beyond the time agreed upon.
- iv) If an emergency arises and I need to cancel a session, I will endeavour to offer you an alternative appointment in the same week. However, if the time offered is not convenient for you, I will not charge for that week's session.

4) FEES

- i) Sessions will be charged at the standard rate of R 1100.00 per hour.
 - ii) Please note fees go up to R1250-00 as of 1st of January 2026.
- Payment is in advance or in cash at the session please.
 The first session is free (unless a student or pensioner discount is offered).

5) MY HOLIDAYS

- i) I take three weeks leave at Christmas and two weeks leave at Easter.
- ii) If it is necessary for me to take any additional leave, I will give you as much notice as possible, and not charge for sessions I cancel.

6) TERMINATION

- i) As coaching is open ended as opposed to limited, it is important that terminating our sessions together is not sudden, so we will regularly review progress to help determine the duration of our work together.
- ii) If you wish to terminate counselling before the process is complete, please give me at least a weeks' notice. If you fail to do this, I reserve the right to charge for all or part of my fee for the month.
- iii) I reserve the right to terminate counselling immediately if you commit any physical harm to me, yourself, anyone else on the property including my pets, or cause any damage to my property, counselling room, furniture, fixtures or fittings.
- iv) If you cancel appointments on a consistent basis or miss appointments twice in a row, without a reasonable cause, I reserve the right to terminate coaching/ counselling and refer you elsewhere. This is not meant to be punitive, but is instead my recognition of your resistance to the coaching/ counselling process with me, at this time. This is my way of requesting consideration for my time and the valuable service I render.

8) OTHER

If you arrive for a session under the influence of any drugs or alcohol, I reserved the right to cancel the session.

9) NO SELF- HARM/ SUICIDE CONTRACT:

As per the T's and C's you have agreed to in this contract, I have the expectation that you will keep yourself safe. If you are at any time during treatment unable to keep yourself safe, it is my professional and ethical responsibility to get you safe. As long as you voluntarily do whatever is necessary to keep yourself safe, then our treatment is uninterrupted and I will do my utmost to get privileges at whichever institution to continue our sessions, either by telephone or in person. However if you force me to keep you safe against your willingness to do it voluntarily, that terminates therapy. If I feel you at risk and are a threat to yourself I will contact emergency services and your next of kin to ensure that you are kept safe. Please sign below to make sure you understand this

I, _____ hereby agree that I will not harm myself in any way, attempt suicide, or die by suicide.

Furthermore, I agree that I will take the following actions if I am ever suicidal:

I will call SADAG's crisis hotline: 0800 567 567 if I believe that I am in immediate danger of harming myself or have suicidal thoughts and I will continue talking on the phone with as many people as necessary for as long as necessary until the suicidal thoughts have subsided.

Signature _____

Date _____

Please read the above carefully to confirm it is what we have agreed upon. You are most welcome to discuss anything you need clarification on.

I look forward to our working together.

Signed: Counsellor/Coach

(Dido Blagden)

Signed: Client

Signature: _____

(Full Names) _____

Payment is in advance or in cash at the session.
Read cancellation policy above. First session is FREE!

Bank Account Details:
 **Standard Bank**

ACCOUNT HOLDER: **Dido Blagden**
ELITE CURRENT ACCOUNT #: **001631063**
BRANCH: Rosebank #: **004305**

Thank you, your prompt payment is appreciated

